

# Transient Occupancy Tax Exemption Certificate for Permanent Resident/Guest

This form is to be completed by (1) a permanent resident or (2) a person that will occupy a hotel room for more than thirty (30) consecutive calendar days. The hotel operator, as defined under section 4.32.020 Definition, must retain this completed form and supporting documents for seven years.

NAME OF HOTEL					
ADDRESS				SUITE #	
CITY			STATE		ZIP CODE
TYPE OF EXEMPTION: <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Hotel Guest who will occupy a room for more than 30 consecutive calendar days					
DATES OF OCCUPANCY  CHECK IN:                                  CHECK OUT:				MONTHLY AMOUNT PAID FOR ROOM	
RESIDENT/GUEST NAME (FULL)					
RESIDENT/GUEST ADDRESS				SUITE #	
CITY			STATE		ZIP CODE
RESIDENT/GUEST PHONE NO.		RESIDENT/GUEST EMAIL ADDRESS		RESIDENT/GUEST SUITE NUMBER	

I hereby declare under penalty of perjury that I, the undersigned, am a resident/guest as indicated above and that the foregoing facts and statements are true and correct.

SIGNATURE	DATE
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**TO BE COMPLETED BY HOTEL OPERATOR/STAFF**

**This exemption is not valid unless copies of the lease contract/agreement or proof of payment (non-refunded) for at least thirty (30) days of continuous occupancy are attached.**

<b>VERIFIED BY:</b>		
Print Hotel Employee's Name	Hotel Employee's Signature	Date